



TOWN OF BENNINGTON

**RESIDENTIAL WATER / SEWER
ALLOCATION REQUEST**

Landowner: _____

Tax Map ID: _____

Property Location: _____

Mailing Address: _____

Proposed use of property: _____

Telephone No.: _____

Type of Allocation:

() Domestic Water and Sewer

() Domestic Water **Only**

() Domestic Sewer **Only**

Calculations:

Water: Gallons per Day: _____

Generated by: _____

Sewer: Gallons per Day: _____

Generated by: _____

Signature of Owner: _____

Date: _____

OFFICE USE ONLY

Approved: _____ *Denied:* _____

The following Determination was made or Conditions apply: _____

Date applicant notified: _____